

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

CLAIMS ONLY							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP		IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
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TOTAL DEP.							TOTAL DEP.					TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS					TOTAL CLAIMS